

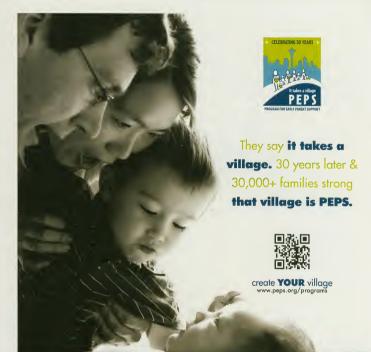
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### Geattles Child A NEW ARRIVAL

SPRING 2013

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### NEW ARRIVAL

A NEW ARRIVAL IS A SPECIAL SUPPLEMENT OF SEATTLE'S CHILD MAGAZINE. LOOK FOR SEATTLE'S CHILD EACH MONTH AT YOUR FAVORITE KID-FRIENDLY SPOT OR ONLINE AT SEATTLESCHILD.COM.

Cover photo by Nesting Instincts Photography.

More information at NestingInstincts.org

# FRIDGE DOOR

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If  $y_0u$  bought or rented a breast pump as part of getting ready for your new baby, the IRS has a gift for you: breast pumps are considered a tax-deductible medical expense.

Parents may claim rental or purchase of a breast pump - something thousands of Washingtonians should be able to take advantage of each year. According to a report by the Robert Wood Johnson Foundation, Washington State has one of the highest breastfeeding rates in the nation. Families may use money set aside in pretax spending accounts to buy pumps and related equipment. The cost of pumps for those who do not have a flexible account will be tax deductible if their total medical costs exceed 7.5 percent of adjusted gross income. For more information go to www.irs.gov. Type "breast pump" in the search box.





#### Don't Miss Mommie Mixer 2013

The popular vegetarian food festival is back on March 23 and 24, 10 a.m. to 6 p.m. at Exhibition Hall at the Seattle Center. There will be more than 500 food samples, cooking demos and even clown entertainment. Cost for adults is a reasonable \$8 and kids younger than age 12 free. Whether you are a fully vegetarian family or just wanting to do a few more meals without meat, the festival is a fun way to learn and taste.

### Start Solids at four Months

Research published in the January 2013 issue of The Journal of Allergy and Clinical Immunology and studies published in December 2012 by the American Academy of Pediatrics have found that babies who start eating solid foods at four months old have less risk of allergies and asthma later in life. They also have higher iron levels than babies exclusively breast-fed until six months of age, the age most pediatricians have traditionally recommended for the start of solids.

Based on these findings, doctors at Seattle Children's Hospital now recommend parents begin introducing solid foods at four months (but not before this age).

Tip: If babies reject food, experts say, don't force it. Try again the next day.



#### MORE @

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Go to our website www.seattleschild.com for advice, news and resources for parenting newborns, teens and all ages in-between. Here's just a sample of what you'll find for new parents.

#### To Pump or Not to Pump

"Have you bought a breast pump yet?" It used to be that when friends, colleagues or excited relatives asked an expectant mom what was on her list of needed new baby supplies, they were inquiring about diapers, blankets and booties. Over the last several years, however, I've noticed something else...

#### Getting into the Great

The pictures used to be of a couple with backpacks in the middle of a multi-day hike, or wearing skis getting ready to descend a mountain.

The New Parent's Need-to-Know List Find out where new moms and dads can find support, fitness classes and other resources that will help the family thrive. Local moms and dads offer important places to know about in the strange new land of parenting.

#### The Diaper Dilemma: Cloth, Disposable or?

I would not have believed it if I hadn't seen it myself. But there was Violet, a sweet little 9-week-old, just up from a nap and straddling the smallest potty I'd ever seen. Her mother, Kerste Conner, was holding Violet's chubby thighs to steady her and making small Fosses..."

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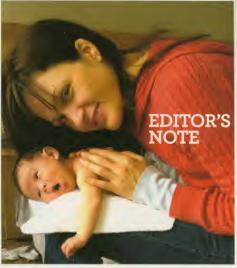
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When my daughter was born nearly 18 years ago, 1 had a landline – and a pager for an emergency. I made two columns on a sheet of paper and logged each time my newborn nursed or had a poopy diaper, My annual calendar was from National Geographic and hung on my wall. I squeezed our daily outings and appointments on it in very small writing. It was a big red dot (or a missing one) on that same calendar that told me when my period was late, signaling that my daughter was soon to have a brother.

Boy. Have times changed.

Today there's a smartphone application for just about every new parent tracking need. As you'll learn in these pages, you no longer need to dig out pen and paper to follow your baby's eating, climinating and sleeping patterns – or track your monthly cycle as you seek to conceive. There's an app for that! We hope our "Best of" apps list thelps reduce the work and pressure of new parenting.

But try to keep app tracking in check. As useful as these time management and

information programs are, what your baby needs most is your face, your voice and your touch, "hands-free" of any device. So, keep your phone nearby, but your focus on your baby — her cues, her communication, the abundance of information she is sharing with you as she grows and develops. An app cannot and should not replace your intuition.

In this issue, you'll learn about the TENS Unit for labor, massage to promote a healthy postpartum and one mother's discovery that a once-banned substance could help relieve her dangerously constant vomiting during pregnancy. The substance was marijuana. Here we take a look at the big debate over its use before, during and after baby arrives – a debate with no clear answers. We'd love to hear your thoughts.

May your journey into parenthood be full of wonder and joy.

Cheryl Murfin Editor

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# Book Review The Essential Homebirth Guide

By Cheryl Murfin

When it comes to books on birth, Seattle has a best-selling reputation to uphold.

After all, this is where renowned doula, childbirth educator and author Penny Simkin has penned several revered books on the topic, including Pregnancy, Childbirth, and the Newborn: The Complete Guide (now in its fourth edition) and The Birth Partner. A Complete Guide to Childbirth for Dads, Doulas, and All Other Labor Companions (now in its third edition).

This winter, the city became the birth place of one more essential tome – The Essential Homebirth Guide for Families Planning or Considering Birthing at Home, written by local certified professional midwives Jane E. Drichta and Jodliyn Owen.

Laid out in an easy to navigate system of overarching chapter topics, subtopics and question-and-answer sets, the guide covers everything you need to know – and ask – if you are considering or planning to deliver your baby at home.

It is important to note, however, that this book is not a traditional childbirth preparation book. There are no anatomical drawings of the uterus. It touches only briefly on how to cope with labor. For more on the anatomy and physiology of birth as well as pain-coping strategies for labor, Simkin's books and/or a childbirth education course are a good idea.

The Essential Homebirth Guide does, on the other hand, offer some great non-jargon answers to questions rarely found in other books, but often on the minds of pregnant women, from potential vitamin D deficiency, to the issue about casts to hyperthyroidism.

Equally critical, it helps a woman determine whether or not home birth is for her. It offers solid advice on how to communicate the decision to birth at home to others, how to choose a provider, and what to expect in special circumstances like the discovery that your baby is breech.

Drichta and Owen write in a swift-moving and easy-to-understand voice that makes even the most complicated topic understandable. Throughout the book, they integrate vignettes and commentary from real home birthing women, giving the whole reading experience a more personal feel, a bit like sitting around a table with girlfriends.

For those who have chosen home birth, the guide offers ample information on what to expect during prenatal visits, what tests are common, how to prepare for a home birth, what you need on hand, when to call the doula or midwife, and what to do to keep labor moving smoothly forward. It also provides useful information on navigating the sometimes difficult postpartum period.

The Essential Homebirth Guide could not

JANE E. DRICHTA, CPM & JODILYN OWEN, CPM
With a Foreword by Dr. Christiane Northrup

This compethenave and well-researched book is precisely what the homebath eleminarity has been craving. It takes you from the decision-making acousts of pregnancy through optons for labor and beyond beamfully."

Also Bullis, Ph.D. author of Reyond the State.



ESSENTIAL HOMEBIRTH GUIDE

For Families Planning or Considering Birthing at Home

have been published at a better time. The number of women birthing in their homes has been going up across the nation over the past decade, just as the number of certified professional and licensed midwives (who deliver babies outside of hospitals either at home or in free standing birth centers) has climbed. And the percentage of women birthing at home in Seattle/King County is particularly high, nearly 2 percent compared to 72 percent antionwide.

The authors are not shy about controversial topics, some of which have long divided the maternity care community. Should a mom attempt a homebirth after a cesarean? Is twin birth safe at home? How about breech? Is water birth safe?

"The authors don't ignore that these birth situations are occurring at home all around the country," wrote Seattle doula and educator Sharon Muzo on the blog scienceandsensibility.og, "Information is power; mothers, when given accurate information in a respectful manner, will be able to determine what feels like the right decision for them."

Meet the guide's local authors online in an interview with Seattle's Child. Go to www.SeattlesChild.com/article/Essential-Homebirth-Guide.

Cheryl Murfin is a writer and editor for Seattle's Child.



# The Great Ganja Debate

Marijuana is legal in Washington, but is it safe for pregnant or nursing moms?

By Cheryl Murfin

Karen was so sick during her first pregnancy, she felt like she might die.

Practically from conception, Karen was throwing up morning, noon and night. She lost weight, became severely dehydrated and was repulsed by the sight and smell of food. Acupressure, diet changes and even the psychologist her doctor recommended didn't help. Karen was nervous about taking medications her doctor prescribed after reading about the potentially harmful effects to her and her bab.

Then a straight-laced friend made a surprising suggestion: "Have you tried pot?"

"I was shocked," said Karen, a communications executive who lives in Seattle and now has two children.

The year was 2006. Marijuana was an illicit drug and Karen didn't even know how to get it. Besides, the expectant mother had assumed that marijuana was just as dangerous to her fetus as alcohol.

Now that marijuana use is legal in Washington, some moms and childbirth professionals are hoping there can be an open discussion about its use to treat common pregnancy issues including chronic vomiting, sleeplessness, anxiety, labor pain and postpartum stress. Currently, most health care providers recommend that pregnant and nursing women abstain from marijuana use. However, scientific research on the drug's long-term effects on children is incomplete and sometimes conflicting.

Karen and other women are eager for medical experts and scientists to clear up the confusion around cannabis.

"Regular women, not just 'potheads', are using it," said Karen, who asked that her last name not be published due to the stigma still attached to cannabis use, whether medicinal or not. "We have to talk about it." Several weeks after her friend posed the question, Karen was still vomiting violently whenever she stood up. She was desperate.

The next day the friend arrived with a dish of "green" brownies and whatever research she could glean from the internet about marijuana and pregnancy. Much of the science was inconclusive and the majority of the studies focused on heavy pot users, not women who had the occasional joint or brownie to relieve common pregnancy complaints. A search today yields the same confusing information.

That has left some women with a difficult decision. Do you take conventional pharmaceuticals with potential side effects including developmental problems such as cleft palates, uncontrollable twitching and lip smacking, or do you try marijuana and the seemingly more ambiguous risks that it poses? Karen went with the weed







"I just didn't see a catastrophe in taking it," she said, "especially in small amounts."

#### Does it really work?

Eating cannabis didn't completely cure
Karen's severe morning sickness, which is also
called hyperemesis gravidarum. But just as it
has for nauseous cancer patients, pot did make
her symptoms manageable. Equally important,
the small daily dose of marijuana – less than
the amount found in the typical 1 gram joint
– stoked her appetite and Karen began gaining
weight. While smoked marijuana's effects are
felt quicker, ingested pot tends to act longer
and stronger according to research from the
University of Washington.

Studies supporting the claim that marijuana helps ease severe morning sickness are hard to come by since the substance remains illegal nationally and in most states. However, international research suggests that marijuana could be a powerful, natural remedy for this relatively common and sometimes dangerous problem.

In 2006, Canadian scientists published a study concluding that 92 percent of pregnant women who used cannabis to quell extreme nausea and pain rated it as "effective" or "extremely effective."

"Our findings support the need for further investigations into cannabis therapy for severe nausea and vomiting during pregnancy," study authors concluded in the journal Complementary Therapies in Clinical Practice.

Even with some research on her side, Karen was uncomfortable disclosing what she'd done. 
"I didn't tell anyone, not even my husband," 
she said.

#### Is it Safe? The Conflicting Research

It's hard to know how many pregnant women in the U.S. use pot. A 2003 report in BJOG: An International Journal of Obstetrics & Gynaecology found that of 12,000 women studied, 5 percent had used the drug before or

during pregnancy. Research conducted during the 1980s found that as many as 11 percent of pregnant American women used marijuana. But the experts are divided on the effects of marijuana on fetal and child development.

Most obstetricians and pediatricians oppose pot use for pregnant and nursing mothers. They say there is research showing that it can cause health problems in babies, make someone more prone to weed addiction in the future, and that there is insufficient quality control for martilians

"There is no medical condition that a mother could have that would outweigh the risk to the unborn child. For any malady marijuana could possibly have an impact on, there is a regulated FDA approved medication with known risks and benefits that can be used instead," said Seattle Children's Hospital's Dr. Leslie Walker, a UW professor of Pediatrics. Walker says she has seen evidence that mothers who snoke marijuana have babies with brains smaller than normal – although other research shows the opposite, that heads – and brains – may be bigger in babies exposed

Either way, Walker says "We know it stunts some of the critical growth of a newborn. The fact (that) marijuana is legal does not change its addictive properties nor change its dangers to the unborn child."

The Washington Department of Health has yet to weigh in on marijuana use by pregnant women now that the drug is legal here.

"We have done no independent research on this issue, and have no real expertise regarding marijuana and its health impacts," said spokesman Timothy Church. Eventually, the department will offer public education and information about pot consumption in pregnancy. Ironically, that advice is dependent on the taxes collected on marijuan sales.

At the national level, the Centers for Disease Control and Prevention has this advice for expectant or nursing moms: Don't do it. Marijuana, according to the CDC, can cause birth defects or "be passed through breast milk to her baby and can affect the baby's growth and development."

Some long-term studies support this position." The Ottawa Prenatal Prospective Study" began tracking mothers in 1978, and in 1982 the "Maternal Health Practices and Child Development Study" was launched in Pittsburgh. Both have found that the head circumference of Infants whose mothers used cannabis during pregnancy were larger those whose mothers refrained. Head measurement is used as an indication of normal fetal brain development. By age 4, the marijuana-exposed children showed increased behavior problems and indications of poor organization or "executive functionine."

But those who support marijuana use in pregnancy point to other published research showing that moderate pot use poses little or no threat to baby or mother.

Exposure to cannabis in utero makes no difference to newborns or older children in terms of growth and development, says Dr. Melanie Dreher, a frequently cited researcher and dean of nursing at Rush Medical Center in Chicago.

Nearly 20 years ago, Dreher published a landmark study tiled "Penetal Marijuana Exposure and Neonatal Outcomes in Jamaica: An Ethnographic Study" in the journal Pediatrics. It compared the children of pregnant women who were heavy cannabis users in Jamaica to kids of mothers from an otherwise similar demographic who were nonusers. She and her colleagues used rigorous, well-regarded assessment tools in their analysis in order to capture possible subtle effects when comparing the two groups of children.

They found no differences in key developmental measurements with one exception: the babies exposed to cannabis scored significantly higher on these tests at one month old. By age 5, Dreher detected nothing



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that linked kids' development with their exposure during pregnancy. One puff or two?

There is general consensus on both sides that overuse or abuse of any drug, whether it's alcohol, weed, pain killers or vitamins, is unhealthy for a pregnant woman and her fetus. But no one yet knows if there's a safe dose for mothers medicating with marijuana. Those studies are yet to be done – and may still be a ways off given that cannabis remains illegal in most places and human testing, especially on pregnant or nursing women, is ethically problematic.

So mothers are using their own best judgment to decide how much pot is OK. Five King County mothers and numerous other women commenting on health-related websites said that smoking a single joint or ingesting a small amount of the drug helped reduce nausea or deal with prolonged early labor. When asked how they knew how much to take, each of the five moms—all of whom declined to have their name published—said some version of the same thing." I guessed."

In the absence of advice from the medical community, moms have turned to other resources. One of the best guides on medical marijuana use is Rational Guidelines for Dosing by UW researcher Dr. Gregory Carter. But the guide largely is based on sufferers of cancer and other disease, not pregnancy.

The huge variability in the amount and types of cannabinoids present in marijuana and patient tolerance for the drug, "make it imperative that the dosing be highly individualized." Carter wrote.

That is why local childbirth professionals stress that moms considering using marijuana in pregnancy should not keep that information from their health care provider.

"As with other drugs, prescription or otherwise, it is important to consider the dose, and the age and health of the baby," said Seattle lactation consultant Renee Beebe. "But there is a lot we don't know."

THC, a central compound in cannabis, does pass into breastmilk, although if or how much that impacts a baby is not well-understood. Beebe recommends mothers review libreastfeeding.com, a website by Dr. Thomas Hale, a clinical pharmacologist at Texas Tech University School of Medicine and a leading expect on drue impacts on mother's milk.

His stance is clear: "While the effect of cannabis on infants from breastfeeding mothers is limited, cannabis use in breastfeeding mothers should be strongly discouraged."

#### Use and Child Protective Services When her nausea came down a notch

When her nausea came down a notch at around five months of pregnancy, Karen stopped imbibing.

"I wish I could have freely talked about it with my doctor, but I was really worried I'd be reported to state authorities as a drug-abusing bad mother," said Karen. Her oldest daughter is now 7 and shows no apparent ill effects from her in utero exposure.

In 2006, had THC been detected in Karen or her newborn, the baby might have been held in the hospital and Karen assessed by state social workers for parental fitness.

Marijuana's new legality doesn't change that possibility, said Washington Child Protective Services spokeswoman Chris Case. If a doctor feels a woman is abusing a substance – even legal substances like alcohol and now pot – he or she can request a CPS risk assessment.

However, said Case, doctors are unlikely to make that call unless it is clear the woman is abusing the drug.

#### A Rush on Brownies?

Karen said she never considered using marijuana to help reduce the anxiety she felt during her three day labor. Instead, her doctor gave her Ambien, a strong sedative, and Stadol, a strong narcotic.

"Had it been legal then, I might have. I can't imagine a little pot would have been any worse for my daughter than the hard drugs I got," she said.

Still, many health care providers don't anticipate widespread marijuana use by pregnant and nursing women now that it's legal in Washington.

"I personally do not think there will be droves," of mothers using the drug said Walker, from Children's Hospital.

"What I do think is that it will increase the comfort a woman has in disclosing that she is using marijuana or thinking about it with her care provider," she added. "And that is a good thing – for them to come out of the closet and get the information they need."

Cheryl Murfin is a write/editor for Seattle's Child and a mother of two teens. She splits her time between Seattle and Los Angeles.



# There's an App for That! Great smartphone applications for managing parenthood

By Sarah Erickson

From preconception, to the moment baby arrives, to when she toddles out on her own, there are all sorts of new smartphone apps to help manage the information overload and the myriad logistical details of parenthood. Forget those analog days when pencil, paper and clock were the tracking tools of choice, and information sources were limited to your doctor and a Dr. Sears book.

With access to multiple perspectives through phone and pad apps that feature built-in community forums, today's parents are, indeed, expanding the size of the village it takes to raise a child. Likewise, while there are many popular and effective single-focus apps in the marketplace (Labor Mate Contraction Timer, Contraction Timer, Contraction Timer, Contraction Master, and i-BabyFeed nursing tracker are examples), best-selling apps like Pregnancy Sprout, Total Baby and WebMD Baby combine several functions in one: reference book, schedule manager and archive.

Take a look at our picks for the top five apps for Seattle parents. Also listed are other popular apps to keep you informed and organized before, during and after labor. Note that many apps have a free, "Lite" version and a paid version. User reviews are a great way to decide if benefits, like ad-free content, are worth paying for.

#### Apps to Keep You Organized

#### Monthly Cycles Period Tracker

With its clean calendar design and icon-based coding system (Green Dot = Fertile), reviewers praise this app for being an "easy way to keep up with your cycle. Especially if you are trying to conceive." Price: free.

#### **Belly Snap App**

Frame and display your growing baby bump with stylish photo templates and social media sharing options. Price: \$0.99.

#### 50,000 Baby Names

Search for inspiration by gender, sound, origin, thematic lists and more – then store and share favorites via email. Price: free.

#### **BabyCenter**

My Pregnancy Today & My Baby Today: Seattle-area graphic designer and mom, Cathy Small, gushes: "I used the Baby/Center apps religiously. The 'My Pregnancy' leading up to and 'My Baby' for after. Great daily tidbits, helpful info and progress reports – a must for a first time mom without a due." Prices free.

#### 5 Must-have Apps for Expectant and New Parents

- Pregnancy Sprout Lite: Moms-to-be are guided through pregnancy and into labor with detailed color images of fetal development, physician-recommended information, and lots of interactive tools including a doctor visit planner, kick counter, hospital bag checklistand contraction timer. Price: free.
- 2. Total Baby: This top app helps time daily activities like dispering, nursing, pumping and skeping while logging millestones, doctor's visits, growth charts and more for up to six whilders. Wi-Fi spre allows one caregiver to pick up where the last left off. "Is it awful to say I'd probably forget when I fed and changed my newborn baby last without this app," asks one reviewer. "This keeps my sleep-deprived self feeling organized! "Prices 1-50.
- 3. Baby Shusher: Perfect for when your own, real-time "shush" has ceased to have a relaxing effect on baby, this rhythmic baby-soothing app can be set to play for 15 minutes up to eight hours and automatically adjusts its volume to match baby's cry volume. Price: \$4.99.
- 4. Baby Pack & Go: A customizable travel checklist and automated tasks reminder system to make sure you pack and take everything you and your little brood might need. "You don't think you need this app until you try it," says one happy customer. Price: \$0.99.
- 5. WebMD Baby: Physician-approved baby health and wellness information helps parents stay informed and one step ahead of their baby's growth and development, while the Baby Book feature can be shared via Facebook and email. Baby care tracker tools are also included. Price free.

The Guy's Guide to the Delivery Room It's an e-book in app format. Read up on what to bring to the hospital, how you can comfort you partner, and generally what to expect during labor, delivery, and after baby arrives. Price: \$0.99.

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What did we miss? Be sure to share your favorites in the comments section at www.seattleschild.com

Sarah Erickson, parent to an under-one-yearold, is a recent graduate of the University of Washington's Creative Writing MFA program, and an e-commerce and writing consultant.

# Moms Can Get a Pampering at Swedish/Issaquah

By Sarah Erickson

It's said that a happy mom equals a happy baby, and if that's true, Natalie Kozimor and her newborn are off to a great start. The evening after giving birth at Swedish/Issaquah Childbirth Center, first-time mother Kozimor received a foot massage and relaxed into sleep. The lights of the postpartum suite were dimmed, soft music and a rejuvenating scent of eucalyptus floated in the air, while nearby, a family visitor coulded the new baby.

Earlier that day Kozimor's boss had surprised her with the massage as a gift.

"It was more than willing to accept," recalls Kozimor. "Having a professional pamper my feet was just what I needed at the end of the most labor-intensive day of my life. It allowed me to have just the right amount of calm before my first full night with a new baby. I was able to get centered and release some of the intensity of the day."

As part of their efforts to help families' transition to the postpartum period, the Childbirth Center at Swedish/Issaquah became the first hospital in Washington state to partner with Bavia, an in-room hospital service specializing in massage for new mothers. Patients can choose from several packages including full-body therapy, couple's massage and targeted bodywork like the 'Feet of Accomplishment' option enjoyed by Kozimor.

Postpartum massage has many practical benefits, says Wendy Colgan, nurse manager of Obstetrics and Pediatrics at Swedish/Issaquah.

"Most parents prepare extensively for the birth of their baby. They attend childbirth preparation classes, talk to family and friends, and develop comprehensive birth plans," Colgan says. "However, few focus on the immediate postpartum period and all of the associated challenges like breastfeeding difficulties, hormonal changes and sleep deprivation, just to name a few.

"I think parents who utilize Bavia's services will find that they are better able to absorb all of the information that is given to them during their postpartum hospital stay," she



adds. "Moms who have less anxiety and pain in the postpartum period are able to rest better and can even have an improved lactation experience."

Tina Dos Santos, a Seattle-based doula and cranial-sacral massage therapist, additionally finds that massage helps heal women's sense of their bodies as integrated wholes.

"Massage benefits new mothers by helping them to actually feel connected to their bodies, that they're not just pieces," Dos Santoe seplains. "During pregnancy women can become focused on all of these changes happening – my belly, my breasts, my hips are hurting me. There's a disconnect, and again after giving birth there may be pain in the vaginal area, there's breastfeeting, and the belly's going down. But when you're on a massage table, you're connecting hip to feet. The sensation of touch brings back internal awareness – 'Oh yeah, there are my feet!" – making women feel whole again."

Colgan connects the restorative capacity of massage to the mission of the Swedish/ Issaquah Birthing Center, which opened in late 2011.

The Issaquah facility, says Colgan, was "very thoughtfully designed to create a welcoming,

noninstitutional feel, so that patients and their families would feel less scared when they need medical services. Bavia's services are just an extension of what Swedish/Issaquah is all about: wellness and healing."

That mission continues to unfold. In the coming year, the Childbirth Center will open a Level II nursery for babies 34 weeks or older who require higher levels of care, such as oxygen or IV support due to prematurity or illness.

A more robust midwifery service will begin performing hospital-based birth in affiliation with the OB/GYNs in Swedish Medical Group, and a comprehensive postpartum follow-up program for new parents is in development with services including outpatient lactation services, jaundice checks and new parent classes.

"These services are meant to act as a bridge for the time period when parents go home from the hospital until they follow up with their physician," said Colgan.

Sarah Erickson is the mom of an almost 1-year-old, a recent graduate of the University of Washington's Creative Writing MFA and an e-commerce/writing consultant.



## Newborn Jaundice: Don't Mess With It

By Cheryl Murfin

Seattle mom Jennifer Zwick and her husband Dan Dean knew "almost nothing" about newborn jaundice when their son, Owen, was born in 2010.

Almost nothing turned into a nightmare, starting with a missed diagnosis by their midwife just days after Owen's birth, a rush to the Seattle Children's Neonatal Intensive Care Unit (NICU), a warning from doctors that Owen might suffer brain damage or even die due to the high level of toxin in his body, and then, after the initial crisis passed, several days of home-based therapy. While it is not usually a medical crisis if your newborn baby seems to look yellow or orange within the first three days after birth, this condition, called newborn jaundice, can be serious.

About 70 percent of newborns get a mild case of neonatal jaundice, or yellowing of a newborn's skin and other tissues within the first few days of life, as their systems work to remove toxins built up in the liver while in utero. The yellow effect results when an infant's level of bilirubin – a toxic red blood cell by-product – rises to above 5 mg/dL. The yellow

ing is usually first noticed in the eyes and on the forehead and cheeks. As the bilirubin level rises, the yellowing moves down the body to the trunk, legs and arms. Levels above 20 mg/dl. could lead to serious health issues, brain damage or even death. When Owen's number was first reported, it was 28.

Luckily, the solution to jaundice for most infants is simple: eating and pooping. As the baby receives liquid nutrients (breast milk or formula), toxins are generally purged from the system. However, for some, including Owen, the condition quickly develops into a seri-

ous and possibly life-threatening illness that requires treatment and/or hospitalization.

Zwick still carries anger about her family's experience – at the hospital for failing to do a jaundice blood test before Owen was discharged after his birth, at her provider for dismissing her concerns about her son's color and grogginess during a home visit, and at herself for not following her instincts and getting a blood test earlier.

"It was so dangerously high when it was finally caught," she says of Owen's jaundice level. So high, she called her best friend and asked if he would be the one to call friends and family if Owen died.

Pediatricians caution parents to call 911 if their newborn infant is unresponsive or difficult to awaken or is not moving or is very weak. See a doctor immediately if your baby:

- has skin yellowing that began during the first 24 hours of life
- has skin that looks deep yellow or orange at any time in the first days after birth
- is a high-risk baby for severe jaundice due to prematurity (36 weeks or earlier)
- has an ABO or Rh blood group problem or has a sibling who needed light therapy
- is feeding poorly or seems lethargic
   shows signs of dehydration (no urine in eight
- hours, very dry mouth, sunken soft spot)

   has a fever above 100.4° F (38.0° C) rectally
- has a low temperature below 96.8° F (36.0° C) rectally that doesn't respond to warming.

A year later, when Zwick's good friend, Mindy Huffman, gave birth to her son, Lionel, who showed signs of jaundice, Huffman didn't take any chances. She had her son tested and found he did, indeed, need treatment for an aboveaverage bilirubin count.

In Lionel's case, says Huffman, "The doctor was very reassuring and told us that the num-



bers weren't anything to be worried about, and they wanted to treat him to be on the safe side. The fact that jaundice is fairly common was also comforting to us."

But nonetheless stressful.

"Going through jaundice treatment in the first days of Lionels life was hard, but mostly because we had no idea what we were doing as new parents yet, and it was another layer of complexity on top of little sleep," says Huffman, whose son was treated at home. Fortunalely, the staff at Infant Home Phototherapy was amazing. They came to check Lionel's bilirubin level and weighed him, so I got reassurance that he was eating well and improving."

Both Zwick and Huffman encourage expectant parents to inform themselves about jaundice, its signs and treatment before baby arrives. Then, says, Zwick, "Get a blood test if you have any concerns. Don't listen to anyone who brushes you off. It's not their baby's life."

Cheryl Murfin is a write/editor for Seattle's Child and a mother of two teens. She splits her time between Seattle and Los Angeles.

#### Defining Jaundice

Seattle Children's Hospital offers the following breakdown of jaundice types and the number of newborns expected to be impacted by each type:

#### Physiological jaundice (50% of newborns)

- · Onset 2 to 3 days of age
- · Peaks day 4 to 5, then improves
- · Disappears 1 to 2 weeks of age

#### Breastfeeding jaundice (5 to 10% of newborns)

- Due to inadequate intake of breastmilk
- · Pattern similar to physiological type
- · Also, causes poor weight gain

#### Breastmilk jaundice (1% of newborns)

- Due to substance in breastmilk which blocks destruction of bilirubin
- Onset 4 to 7 days of age
- · Lasts 3 to 10 weeks
- · Not harmful

### Rh and ABO blood group incompatibility

- · Onset during first 24 hours of life
- · Can reach harmful levels



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# Postpartum Depression: What You Should Know

By Leslie Butterfield, Ph.D

"I think I have postpartum."

These are words I hear repeatedly as women seek help with their difficult transitions to motherhood. Thanks to growing awareness, many women (or their family and friends) are able to recognize the signs of postpartum mood disorders and seek early treatment.

Pregnancy and postpartum mood disorders are a concern if the mother is sad and cries a lot, is irritable and angry, has trouble bonding with the new baby, has trouble sleeping or eating, feels like she shouldn't have become a mother, or is worried about hurting the baby or herself in the first two years – not just weeks or months – after birth; many mothers experience the first signs of anxiety or mood disorder during their pregnancy, and treatment should begin then.

One in eight women, and one in 10 men, struggle with some sort of postpartum difficulty, so it's a relief to know that help and hope are in large supply. After prevention, early treatment is the next best thing. Treatment may include psychotherapy; alternative approaches such as naturopathy, body work, and Chinese medicine; and, finally, medications that provide relief from symptoms and are safe to use while breastfeeding.

Since perinatal mood and anxiety disorders (PMAD) can also affect the cognitive and emotional development of any child involved, it is especially important that new parents receive the help they need promptly.

This is my four-point strategy for managing perinatal mood disorders: Predict, Prepare, Refer and Repair.

Predict and Prepare: If you know about the things that make pregnancy-related or postpartum mood disorders more likely to happen, you can assess your own risk level and prepare yourself and your partner by taking some preventive steps. Although it is true that women with no predisposing factors can suffer with PMAD, established research tells us that the major contributors to PMAD are: - A personal or familial history of deoression,

- anxiety, or bipolar disorder

   Experience of PMAD with earlier pregnancy/
- postpartum

  History of substance abuse, eating disorder,
- History of substance abuse, eating disorder, or sexual abuse
- History of prior reproductive losses or fertility challenges
- Mood disturbance accompanying menses (Premenstrual Mood Disorder) or in response to hormonal birth control treatment
- Physical changes such as a complicated pregnancy, hormone imbalance, changes in thyroid function, exhaustion and chronic sleep deprivation/disturbance
- Abrupt weaning
- Troubled relationship with partner,
- family of origin, or infant

   Absence of familial or other social support
- · Financial problems
- Difficulty adjusting to new role as mother
   A recent history of loss, job change, a move,

#### Where to Turn

- Postpartum Support
   International of Washington:
   www.ppmdsupport.com.
- Postpartum Depression Support Line: 1.888.404.7763 (toll free)
- Get the booklet Beyond the Birth: A Family's Guide to Postpartum Mood Disorders at www.ppmdsupport.com.
- Attend parenting support groups such as First Weeks, PEPS, La Leche League and community college parentinfant cooperatives.

or serious illness in the family

Refer: If you think that you are likely to develop PMAD (or think you already have), refer yourself to one or more of the many therapists and support groups that exist in our city (see box).

Repair: With so many parents suffering from PMAD, is it any wonder that nearly 50 percent of couples experience a drop in marital satisfaction following the birth of a baby? With help, even struggling parents can repair difficulties in their relationships. This is equally true of the parent-child relationship.

Thankfully, babies and young children ar resilient. In fact, research indicates that in the most happily adjusted mome-baby dyads, the mothers are "reading" their babies' cues incorrectly almost 75 percent of the time! Apparently, the path to a healthy relationship doesn't lie in perfection – it lies in the ability to keep trying new approaches.

Leslie Butterfield, Ph.D., is a clinical and perinatal psychologist practicing in Seattle. Visit Butterfield's website at lesliebutterfield.com or call 206.779.7941.



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# This Tool Gets a 10(S)!

#### Physical Therapy Gadget Proves Its Worth for Labor

By Carrie Kenner

Mind-altering narcotics or leg-numbing epidurals are not the only means of true pain relief in labor. There are alternatives, and one that is rapidly growing in popularity is the nonpharmaceutical TENS unit

TENS stands for Transcutaneous Electrical Nerve Stimulation – a big name for a small device that delivers an electrical pulse to the skin, stimulating the nerves for relief of muscle discomfort. That little pulse is a boon for birthing monrs, since the uterus, back and legs are all muscles at work when a woman is in labor. TENS units are widely used in the US, for physical therapy and some chronic pain conditions. But, following the lead of Great Britain and other countries, more and more US, women are using them to manage birth disconfied.

That is due in large part to Seattle childbirth guru Penny Simkin, a physical therapist, doula and childbirth educator. Simkin was the first to bring TENS units into local labor and delivery units. Interest in the units has intensified in the last few years.

The TENS unit is used in labor by applying four sticky pads (electrodes) to specific areas on the woman's back. Thin wires lead from the electrodes to a small hand-held device that the mother controls. With a push of a button, she dictates the intensity of the electrical pulse she feels. The current passing through the electrodes stimulates the release of endorphins, the body's natural pain relieves.

When a contraction begins, the woman can dial the intensity up, and as it subsides she can dial it down. She can also alternate between a steady current or a pulsing current. The sensation is often described as tingly, like the pins and needles feeling you get when your foot falls asleep.

The light pulse delivered by the TENS unit does not go into the muscle – or to the fetus. It is subcutaneous (under the skin) stimulation, and therefore completely safe for the baby.

Not all TENS units are alike. TENS units used in labor have a specific frequency and current. Their low intensities stimulate the large diameter nerves that inhibit activity in the smaller nerve fibers, therefore closing the "gate" to the brain and lessening the perception of pain. Labor TENS units are also verty small compared to other TENS units, and have one or two simple dials so the laboring woman isn't dealing with complex controls in the middle of contrections.

Most women in the U.S. who use a TENS unit get it from a birth doula. TENS training for use in birth is currently available through DONA International.

Doulas in the Seattle area report that the TENS has become one of the most-used tools in their birth bags. The unit can be used for any kind of labor pain, whether it is in the belly, back or legs. But it is most effective for pain experienced in the back, which may be a sign of a baby who is not in the optimal position. No matter where mom feels discomfort, the electrodes are applied only to the woman's back, never to the rabdomen.

"Nine of out 10 of my clients opt to use the TENS," says Cheryl Murfin, a longtime Seattle doula. "Ultimately, it is very hard to concentrate fully on the sensation of the contraction

when feeling the deep massaging pulse of the unit. Women tell me it's enough distraction to allow them to cope."

TENS should not be used by those with pacemakers or seizure disorders. It should not be worn in water. And it should not be used before 37 weeks of pregnancy. Using TENS does not impact a woman's thinking. Other than water, there are no restrictions of movement while the unit is on. You don't need a license to operate it – although training is recommended.

In the U.S., obstetrical TENS have not been approval by the FDA, so they cannot be sold in pharmacies. Interested parents should ask their doula or midwife if they have access to a unit. Or, go online to purchase a unit from the United Kinadom.

"Frankly, I find that I have a hard time getting my TENS unit off the moms I work with," says Murfin. "If it works, they really cling to it. One mom refused to take it off even after the baby arrived – the massage sensation just felt good to her!"

Carrie Kenner is a birth doula, doula trainer, childbirth educator and a trainer on TENS Unit use. She owns Big Belly Services (bigbellyservices.com) in Seattle, Wash.

#### TENS Resources

To purchase Labour TENS units: Go online and search keywords "Labour TENS Units.". A reliable source is the Australia-based LabourTENS: www.labourtens.com.au/onlinebuy.php.







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# The Mama-logues 2013

### Sometimes Laughter is a New Parent's Best Medicine

By Cheryl Murfin

Parenthood has its ups and downs, its frustrating moments and those times when you've just gotta laugh – either at your baby, your older child or yourself.

Hearing what other moms and dads do or did in similar moments can be empowering, or, in the case of *The Mama-logues* – a sometimes poignant, sometimes raucous show in celebration of motherhood – a real hoot.

The show will be staged at the Youngstown Cultural Arts Center in West Seattle, April 26 and 27, starting at 7 p.m.

The Mama-logues, now in its second year, is a hlarious showcase of writers - some nationally recognized, some local and obscure - who have captured the glories and challenges of giving birth and raising children in ways readers and listeners can relate to. Among the authors from whose books the show is drawn are: comedian Ellen DeGeneres, poet Billy Collins and actress/musician Moon Unit Zappa.

Seattleite Laurie Levy, a doula and licensed massage therapist, says that she created *The Mama-logues* because she needed a creative outlet after the birth of her third son. She also wanted to give back to the community.

"I wanted to have some laughs, be on stage and send some favorite charities some cash," says Levy. Proceeds from the show will benefit Open Arms Perinatal Services, which provides community-based doula care and other support for women throughout the childbearing year, and West Seattle Baby, which distributes diapers, clothing, toys and other essential equipment to famillies in need. Levy hopes that moms, dads, grandparents and childcare providers – anyone who deals daily with infants and children – will come to the show ready to give themselves a break.

"I hope viewers will have a great experience and take themselves and other moms a bit more lightly," she says. "I hope they will give themselves some credit for the work they do."

During the show, Levy, other birth professionals and other parent-actors, will read – and in most cases, vocally interpret – excerpts from books and writings exploring the wild world of parenting. From redirecting a child with autism about to make a big social mistake to Dr. Seuss' Oh the Places You'll Go to "Zappais raunchy essay on getting back to sex after baby arrives, the reading selections are sure to touch your heart and tickle your furny bone.

"The stories all speak to me," says Levy, who worked with show director Rusty Wycoff to choose the pieces that will appear in this year's show." I am looking for a specific voice when I pick them: Are they by moms about motherhood rather than making fun of moms and mother-hood? I am looking for the kernel of truth, not the hyperbole that tends to get published in blogs."

Because *The Mama-logues* seeks to present some of the truest moments of parenting, Levy suggests leaving young children at home.

"My kids are NOT coming – it's really 13 and up," she stresses. Some of the readings include raw language and sexual content. Wine and beer will be available for purchase, as well as desserts. Levy hopes people will also bring disposable diagners to help pad Westside

#### Buy Your Tix to The MamaLogues

When: Friday and Saturday, April 26 & 27 at 7 p.m. Where: Youngstown Cultural Arts Center, 4408 Delridge Way S.W. Seattle, WA 98106

Purchase Tickets: Log on to Brown Paper Tickets at www.brownpapertickets.com/event/350227 or contact Laurie Levy at 206.235.5389 or laurie@laurielevy.net

Small Print: Age 13 and older. Donate a bag of disposable diapers and receive free popcorn!

#### Baby's shelves.

Levy says she drew inspiration for the show from a quote written in the 1700s by Lord Byron: "And for if I laugh at any mortal thing – 'tis that I may not weep."

"Truer words have not been spoken about parenting," says Levy. "It is the hardest and best work I have ever done, and some days I want to quit and run away, and some days I want to eat my kids because I love them so much."

Is it important for parents to laugh at this dichotomy so many feel?

"Laugh? Hells, yes," says Levy, quoting a piece that will appear in The Mama-logues show. "Otherwise I would go nuts!"

Cheryl Murfin is an editor and writer for Scattle's Child. She lives in Shoreline with her two teens.

#### Penny's Simkin's Tips for New Siblings

Welcoming a new baby into the world is a joyful thing. But it can be confusing to children who are all of a sudden thrust into the role of big brother or big sister.

Once every month, longtime childbirth educator Penny Simkin teaches a class, offered through Parent Trust for Washington's Great Starts program, to help prepare soon-to-be siblings for the great, big change that's about to happen in their lives.

Here's a list of tips Simkin gives all the kids who take the class:

When your baby sister or brother is very young (up to 2 months) try these things:

- · Hold him
- · Sing to her and talk to her.
- · Make faces with him, when he is wide awake and not crying.
- · Open your mouth and close it slowly five or six times. He may copy you!

- · Stick out your tongue and put it back slowly
- five or six times. She may copy you! · Show her toys and some of your favorite things.

#### When the baby gets a little older, you can:

- · Read her a baby book. · Take him for walks in his stroller
- (with your mom).
- · Play peek-a-boo.
- · Sing songs with action (This Old Man. Patty-Cake, etc.).
- · Stack blocks for him to knock down.

#### How to help your mother with baby care:

- · Help change diapers. · Get things (something to drink, a blanket, the
- diaper bag, or something else). · Help pack the diaper bag



#### When you are in the car, sit beside the baby and ...

- · Give her toys to shake. · Shake rattles for him.
- · Wind up music toys. · Sing to the baby.
- For more information about the sibling preparation class and others offered through Great Starts, go to www.parenttrust.org/for-

families/education-support/expectant-newparent-program/great-start.

Penny Simkin, PT, is a childbirth educator, doula, and author of many leading books on childbirth. Learn more at www.pennysimkin.com.

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They say it takes a village. Thirty years later and 30,000+ families strong, that village is PEPS. PEPS forms neighborhood-based groups for new moms and dads that help parents connect, grow and share information and resources. PEPS Newborn Groups start when babies are 0-4 months old. For many parents, a PEPS Group becomes a supportive community that lasts a lifetime.

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